

Name  
in  
Full

*Anna Rebecca Adams*

444

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <i>Westminster</i> <i>Carroll</i> County		MARYLAND	
Date of death 190 <i>9</i> <i>Feb</i>	Month <i>25</i>	Day <i>65</i>	Years <i>6</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>	Days
Occupation <i>Retired. Unable to work</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Israel Adams</i>		
Father's Name <i>Ned Butter</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Eliya Brisco</i>	Mother's Birthplace <i>Md</i>		
Name of person giving Information <i>Israel Adams</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

167

PHYSICIAN  
OR CORNER

Primary <i>Choking caught at work stove</i>	How long
Immediate <i>Accident - Burned</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>ys</i>	Signature of Physician <i>Thomas R. Taylor</i>
	Address <i>Westminster Md</i>
Accident or Suicida <i>—</i>	

Western Chapel Cemetery  
Stones.

Name  
in  
Full

John Thomas Arnold

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gist		County Carroll		MARYLAND	
Date of death		1909	Month Feb.	Day 3	Age 71	Years 6	Months 11
Sex Male		Color or Race White		Birth-place Carroll Co			
Occupation Laborer		Where Residing if not at place of death Gist					
Married, Single or Widowed Married		Name of Wife or Husband Annie L Arnold					
Father's Name James Arnold		Father's Birthplace Germany					
Mother's Maiden Name Barbary Criswell		Mother's Birthplace Maryland					
Name of person giving information Carrie B Murphy		How related to deceased Daughter					

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	Acute Capillary Pneumonia	How long	3-4 days
Immediate	Heart exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E D Crout
yes		Address	Winfield Carroll Co
Accident or Suicide?			

Bethesda

Name  
in  
Full

Frank Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Springfield Hospital* Town *Carroll* County *MARYLAND*

Date of death *1909* Month *Feb.* Day *2* Age *57* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Mass.*

Occupation *Clerk* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *David Bailey* Father's Birthplace *Mass*

Mother's Maiden Name *Ellen* Mother's Birthplace *Mass*

Name of person giving Information *Hospital records* How related to deceased

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

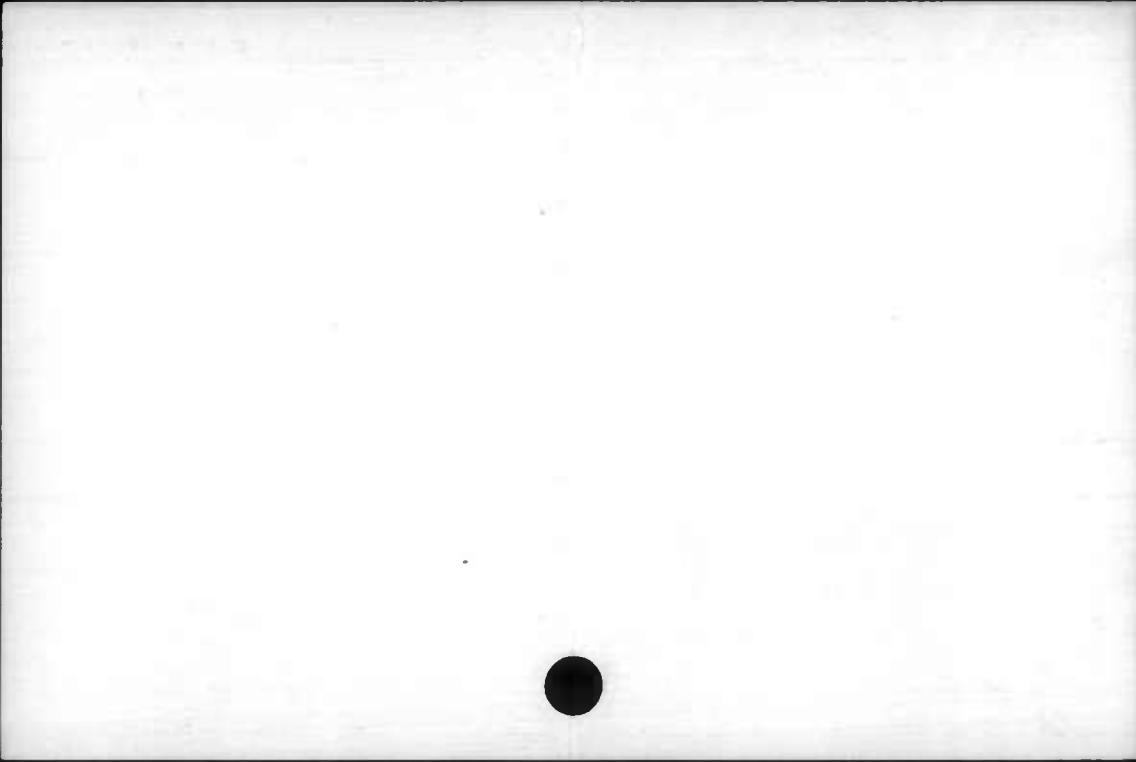
Primary *Chr Nephritis* How long *about 2 yrs.*

Immediate *Org. Heart disease* How long *" 9 mths*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Caney*

*J* Address *[Redacted]*

Accident or Suicide *No*



Name in Full <b>Meridith R. Barnes.</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <del>near</del> <b>Dunnings</b> Town		County <b>Carroll</b>
	Date of death <b>1909</b> Month <b>July</b> Day <b>19</b>		Age <b>1</b> Years <b>15</b> Months <b>1</b> Days <b>15</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>near Dunnings, Md.</b>
	Occupation <b>---</b>	Where Residing if not at place of death <b>near Dunnings, Md.</b>	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>---</b>	
	Father's Name <b>Charles C. Barnes</b>	Father's Birthplace <b>Carroll Co., Md.</b>	
	Mother's Maiden Name <b>Daisy Bloom</b>	Mother's Birthplace <b>Carroll Co., Md.</b>	
Name of person giving Information <b>Charles C. Barnes</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Bronchial Pneumonia</b>	How long <b>1 week</b>	
	Immediate <b>" "</b>	How long <b>" "</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>E. D. Crank</b>	
	<b>I</b> <b>Carroll Co.</b>	Address <b>Winfield</b>	
Accident or Suicide? <b>---</b>			

Ebenezer



Name  
In  
Full

Russell Barnhart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

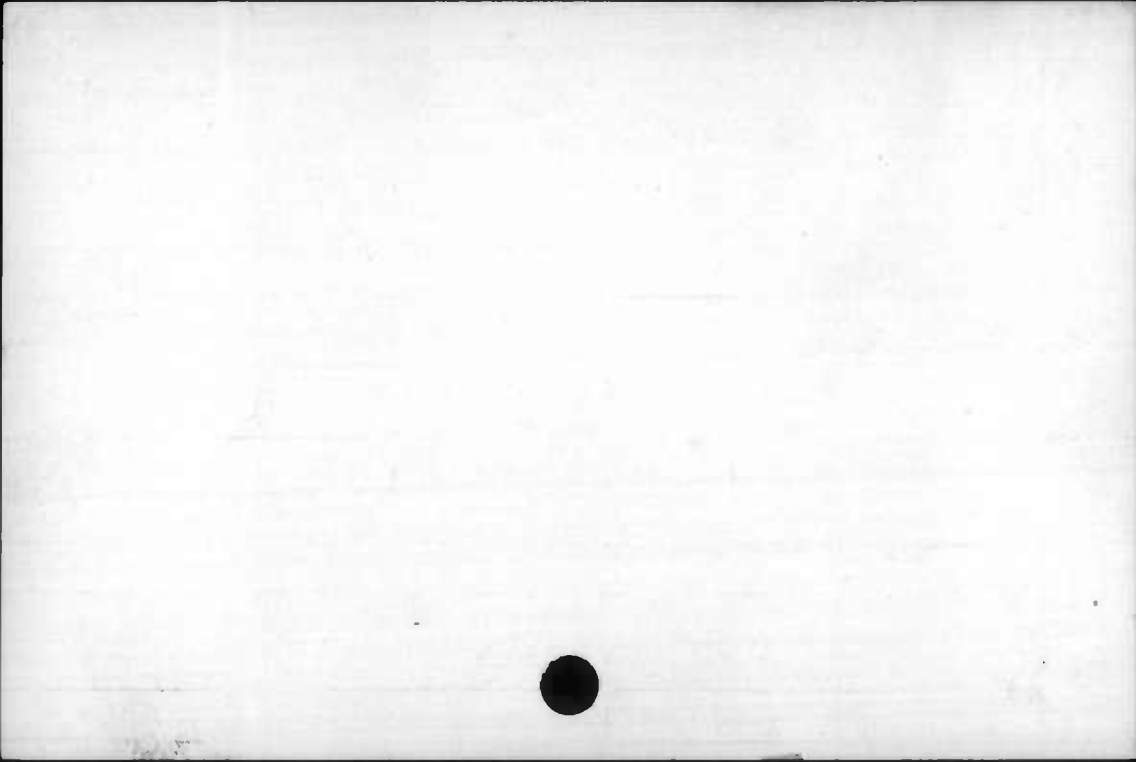
Died at <i>New Windsor</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Feb</i>	Day	<i>8</i>
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	_____		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>New Windsor</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>John Barnhart</i>		
Mother's Maiden Name			<i>Sailey Barnes</i>		
Name of person giving information			<i>John Barnhart</i>		
Father's Birthplace			<i>Maryland</i>		
Mother's Birthplace			<i>Maryland</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Catulous Foramen Ovale</i>	How long	<i>19 days.</i>
Immediate	<i>Asphyxia (Insufficient Aeration)</i>	How long	<i>19</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. Ira E. Whitehill</i>	
		Address	
		<i>New Windsor</i>	
		<i>Md</i>	
Accident or Suicide?			



Name  
in  
Full440  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Nelson L. Beaman

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

of death 1909

Month

Feb

Day

15

Age

Years

1

Months

11

Days

10

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Francis J. A. Beaman

Father's  
Birthplace

Md

Mother's  
Maiden Name

Grace L. Hook

Mother's  
Birthplace

"

Name of person giving  
In formation

Frank J. A. Beaman

How related  
to deceased

Father

## CAUSES OF DEATH

93

Primary

Cold

How long

10 days

Immediate

Pneumonia

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Jas. H. Billingslee

Address

Westminster Md.

Accident or Suicide?

No

PHYSICIAN  
OR CORONER

Wrebmuster. Com  
Shaner

Name  
in  
Full

Caroline Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

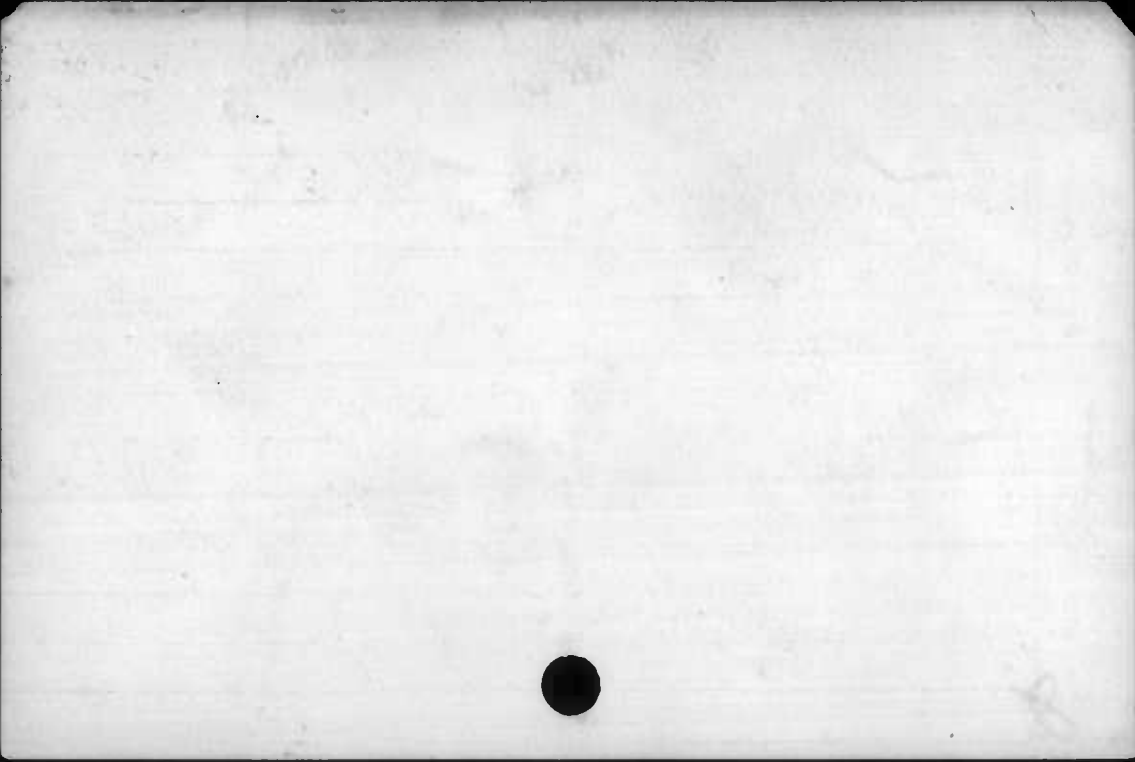
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	11	83		6	25
Sex	Female		Color or Race	White		Birth-place	Carroll Co.
Occupation	Housewife		Where Residing if not at place of death		same		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Wesley Bennett				Father's Birthplace	Md.	
Mother's Maiden Name	Mary A. Brown				Mother's Birthplace	Md.	
Name of person giving information	Mrs. Laura Beasman				How related to deceased	Niece	

## CAUSES OF DEATH

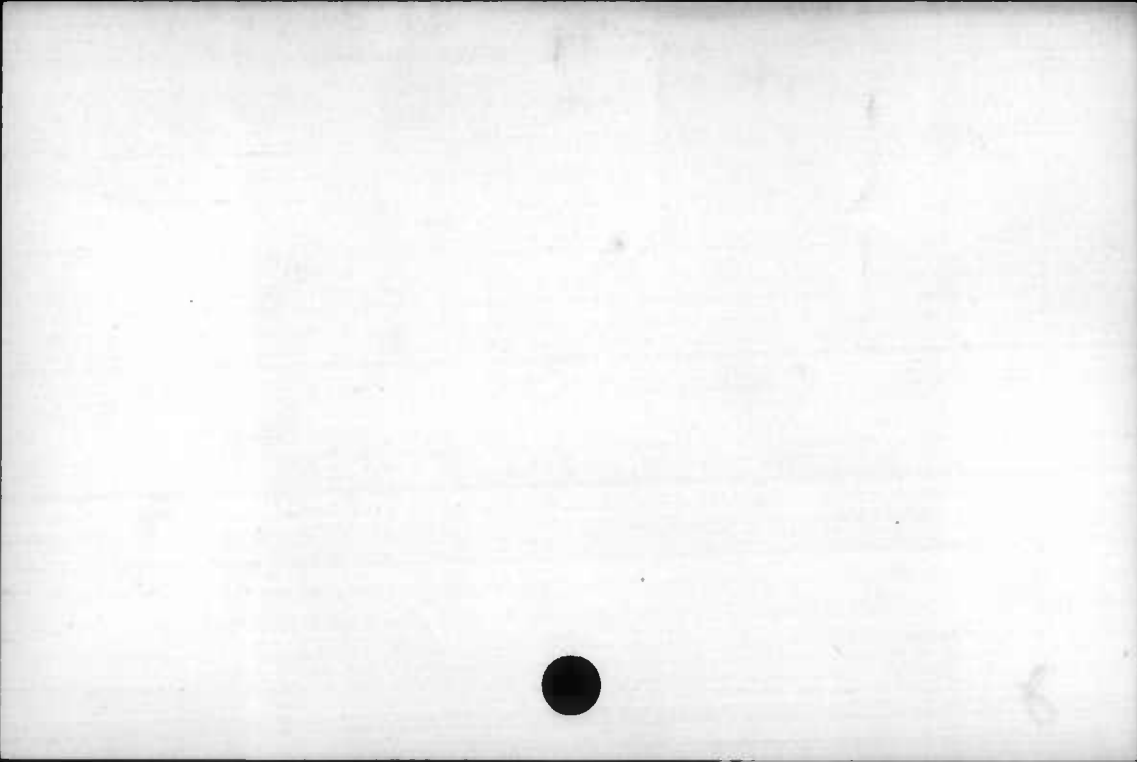
66

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	—
Immediate	Thrombiplegia		How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Elkensburg	
Accident or Suicide?		—		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Greenmount</i>		County <i>Carroll</i>		State <i>MARYLAND</i>
	Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>11</i>	Years <i>12</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Greenmount</i>	
	Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		
	<del>Married</del> Single <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Arthur Bixler</i>	Father's Birthplace <i>Not known</i>			
	Mother's Maiden Name <i>May Hann</i>	Mother's Birthplace <i>Greenmount</i>			
	Name of person giving information <i>Arthur Bixler</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH					90
PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>		How long <i>Two weeks</i>		
	Immediate <i>Paralysis of Lungs</i>		How long <i>24 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Preston M.D.</i>		
			Address <i>Manchester</i>		
Accident or Suicide? <i>J</i>					





Name  
in  
Full443  
CERTIFICATE OF DEATH

Mary Leckora Brown

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Feb

23

Age

54

2

4

Sex

Female

Color or

Race

white

Birth-

place

Maryland

Occupation

General house work

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

George W Brown

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah R Brown

Mother's  
Birthplace

Geo

Name of person giving  
In formation

Mansion S Coane

How related  
to deceased

Sister

## CAUSES OF DEATH

66

Primary

Paralysis

How long

2 weeks

Immediate

Heart Failure

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. H. Bellinger M.D.

Westminster Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Shaver  
Westminster Cemetery

Name  
in  
Full

Lemore Irene Carr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>near</sup> <i>Bloom</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>2</i>	Day <i>3</i>	Age	Months <i>2</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		
Occupation			Where Residing if not at place of death <i>near Bloom Md.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Raymond Carr</i>			Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Grace Pippinger</i>			Mother's Birthplace <i>Fredrick Co. Md.</i>		
Name of person giving information <i>Raymond Carr</i>			How related to deceased <i>Father,</i>		

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Branchitis</i>	How long	<i>Two weeks</i>
Immediate	<i>Acute</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. D. Carr</i>	
<i>X</i>		Address <i>Winfield Carroll Co.</i>	
Accident or Suicide?			

*Salem*

Name  
in  
FullNo 446  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles C Cook*

Died at *Warfieldsburg* Town *Canroll* County *MARYLAND*

Date of death *1909 Feb 27* Age *33* Months *8* Days *4*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Wivia Stitely*

Father's Name *Resier F Cook* Father's Birthplace *Maryland*

Mother's Maiden Name *Eliza Lindsay* Mother's Birthplace *do*

Name of person giving information *Resier F Cook* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Phthisis* How long *11 months*

Immediate *Respiratory Failure* How long *3-4 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *T. J. Coonan*

Address *Westminster*

Accident or Suicide? *J*

Stone Chapel  
Homes

Name  
in  
Full

Garrett Cooper

437  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Year</sup>	<i>Feb</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup> <i>3</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Alexander Squirrel</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Edna Cooper</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Rosa Cooper</i>		How related to deceased <i>Grand Mother</i>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho pneumonia</i>	How long <i>three days</i>
Immediate <i>Commissions</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Idenny M. Fitching M.D.</i>
<i>J</i>	Address <i>Westminster</i>
Accident or Suicide?	

Ellsworth Cemetery  
Sharon



Name  
in  
Full

Augustus L. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

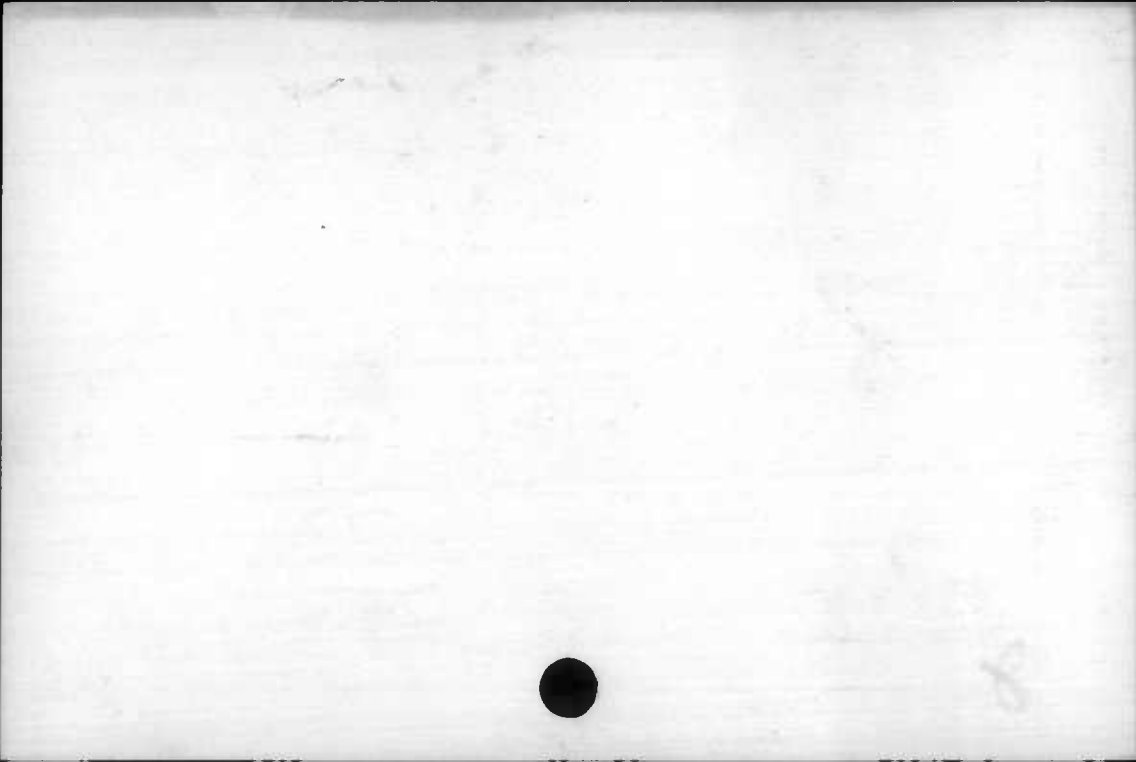
Died at <i>Mt. Airy</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	2	Day	24
Age	72	Years	72	Months	
Sex	Male	Color or Race	White	Birth-place	Howard Co.
Occupation	Merchant		Where Residing if not at place of death <i>near, Mt. Airy - Md.</i>		
Married, Single or Widowed	Widower	Name of Wife or Husband	Jennie E. Davis (deceased)		
Father's Name	Ezra Davis (deceased)			Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Ols.			Mother's Birthplace	Maryland
Name of person giving information	Alice B. Piper			How related to deceased	Sister-in-law.

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>		How long	<i>two years</i>
Immediate	<i>Cardiac Complication</i>		How long	<i>one week.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>A. Y. Cronk</i>		
<i>J</i>		Address	<i>Mt. Airy, Md.</i>	
Accident or Suicide?				



Name  
in  
Full

Leatham Dorsey Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <sup>Town</sup> near Watonsville<sup>County</sup> Carroll

Date of death 1909 Febry

Month 21

Day Age 84

Months —

Days 26

Sex Female

Color or Race White

Birth-place How 'les. Md

Occupation Housewife

Where Residing if not at place of death at home

Married, Single or Widowed Widowed

Name of Wife or Husband Samuel G. Davis

Father's Name Philemon Warfield

Father's Birthplace How 'les. Md

Mother's Maiden Name Lincoln Wallah

Mother's Birthplace How 'les. Md

Name of person giving information Mrs Griffin

How related to deceased Niece

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

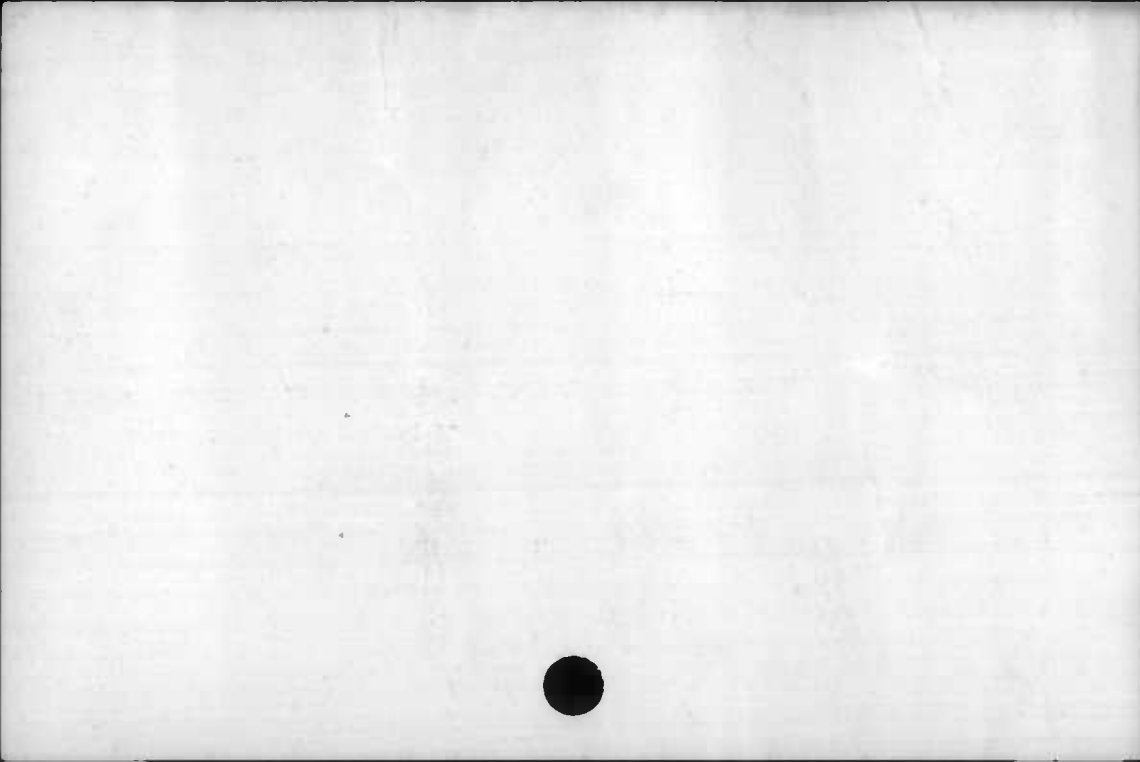
Signature of Physician

R.O.D. Warfield

Address

Lisbon, Md

Accident or Suicide? —



Name  
in  
Full442  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

John Wesley Leavies

Died at

Bird Hill

Town

County

Carroll

MARYLAND

Date

of death 1909

Month

Feb

Day

16

Age

Years

14

Months

2

Days

25

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

School Boy

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Nelson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Minnie L Davis

Mother's  
Birthplace

Md

Name of person giving  
In formation

Minnie L Webster

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Cerebro Spinal Meningitis

How long

2 weeks

Immediate

Respiratory Failure

How long

4 hours about

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

T. J. Coogan M.D.  
Washington

Accident or Suicide?

Deer Park  
Sharon

Name  
in  
Full

Susannah R. E. Erb

## CERTIFICATE OF DEATH

Died at <i>Copperville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>Feb</i>	Day <i>17</i>	Age <i>59</i>	Months <i>2</i> Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>William A Erb</i>				
Father's Name <i>Thomas Warner</i>	Father's Birthplace <i>Carroll Co Ind</i>				
Mother's Maiden Name <i>Anna M. Shuler</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Fances Erb</i>	How related to deceased <i>Daughter</i>				

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

158

Primary

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

*yes*

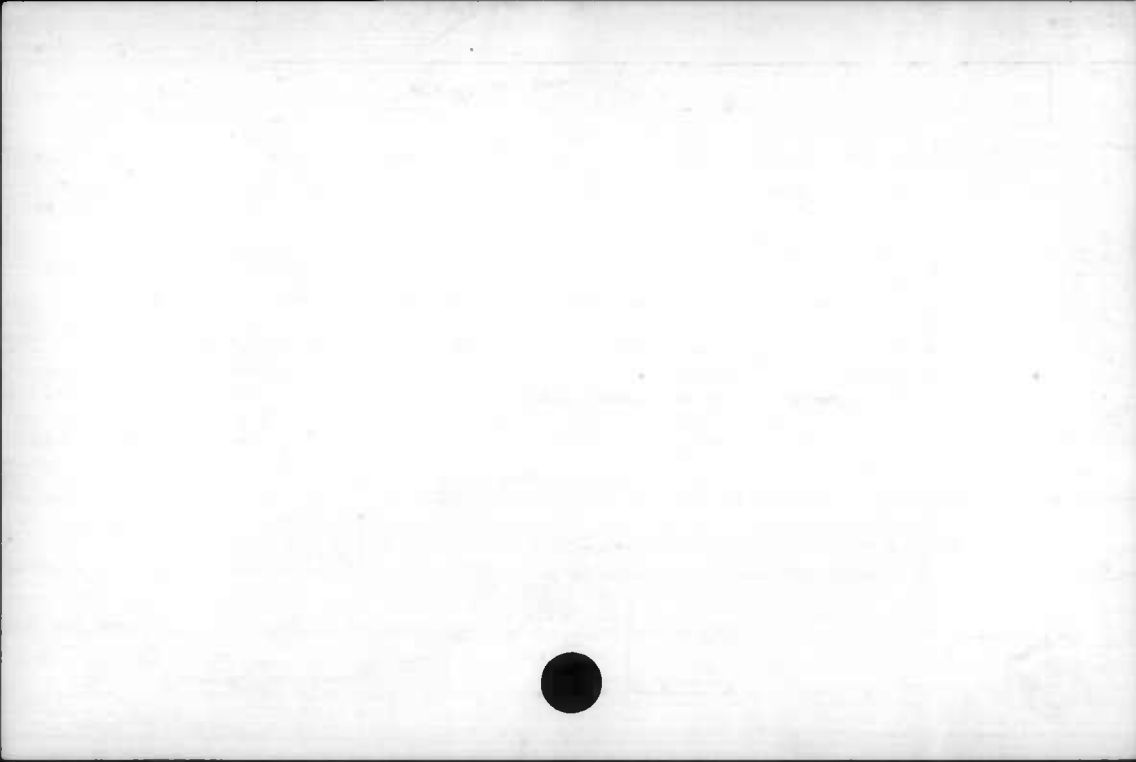
Signature of Physician

Address

*Charles E. Roper*  
*Farmington*  
*Ind*

Accident or Suicide

*Suicide*PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Sarah Margaret Feeser* Town *Silver Run* County *Carroll* MARYLAND

Died at *Silver Run*

Date of death 1909 *Feb.* Month *18* Day *38* Age *2* Months *10* Days

Sex *Female* Color or Race *White* Birthplace *Pleasant Valley*

Occupation *Housewife* Where Residing if not at place of death *Pleasant Valley*

Married, Single or Widowed *Married* Name of Wife or Husband *Edward Feeser*

Father's Name *Rudolphus F. Banghman* Father's Birthplace *York Co. Pa.*

Mother's Maiden Name *Kate F. Flegle* Mother's Birthplace *Taneytown Ind.*

Name of person giving Information *Edward Feeser* How related to deceased *Husband*

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary *Pregnancy, Placenta Praevia* How long *8 mo.*

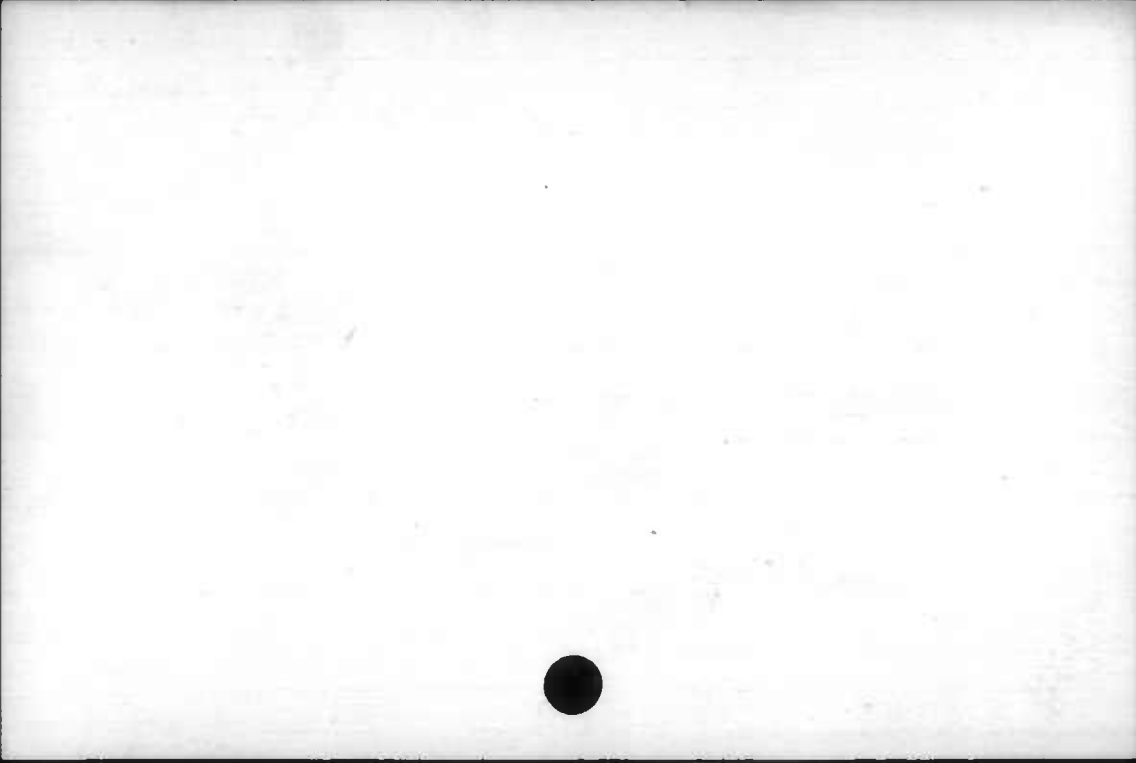
Immediate *Hemorrhage, Septicemia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Lewis Nebel*

Address *Union Mills Maryland*

Accident or Suicide



Name  
in  
Full

Lewis C. Franklin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> <i>Taylorville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>2</i>	Day <i>26</i>	Age <i>66</i>	Months <i>—</i> Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Taylorville Md</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Ida Shipley, deceased</i>				
Father's Name <i>Unknown</i>		Father's Birthplace			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace			
Name of person giving information <i>A. J. Cronk</i>		How related to deceased <i>Physician</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>two years</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Cronk</i>
	Address <i>Taylorville</i>
Accident or Suicide?	

~~Bethany~~

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Melvire Fredrick*

Died at *Alesia* <sup>Town</sup> *County of Carroll* <sup>County</sup> *MARYLAND*

Date of death *1909* <sup>Month</sup> *2* <sup>Day</sup> *19* <sup>Age</sup> *2* <sup>Years</sup> *2* <sup>Months</sup> *2* <sup>Days</sup> *2*

Sex *Male* Color or Race *White* Birth-place *Alesia Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James A Fredrick* Father's Birthplace *Alesia Md*

Mother's Maiden Name *Martha M Lucas* Mother's Birthplace *Baltimore*

Name of person giving information *James A Fredrick* How related to deceased *Father*

## CAUSES OF DEATH

60

PHYSICIAN  
OR CORONER

Primary *Brain Fever* How long *14 days*

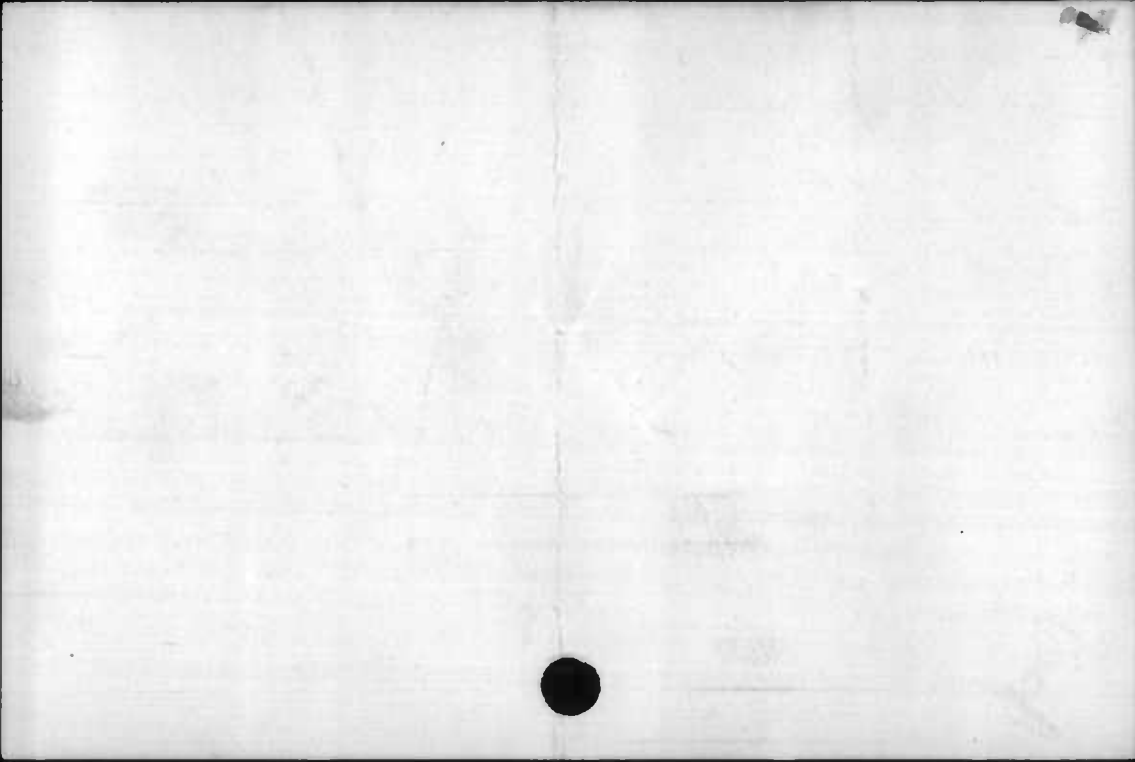
Immediate *Inflammation Bone* How long *48 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. B. Albangh*

Address *Blens Rock Pa*

Accident or Suicide? *no* *R. F. D. #1*



Name  
in  
Full441  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name **Robert E. Fryzell** Town **Westminster** County **Carroll** MARYLAND

Died at **Westminster**

Date of death **1909 Feb 16** Age **58** Months **8** Days **—**

Sex **Male** Color or Race **White** Birth-place **Maryland**

Occupation **Book Binder** Where Residing If not at place of death **—**

Married, Single or Widowed **Widowed** Name of Wife or Husband **Mary J. Bell**

Father's Name **Robert L. Fryzell** Father's Birthplace **Md**

Mother's Maiden Name **Rachel Barnes** Mother's Birthplace **"**

Name of person giving information **Carrie Fryzell** How related to deceased **Son**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

120  
3 weeks

Testimonial Com  
Shaner



Name  
in  
Full

Louisa Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

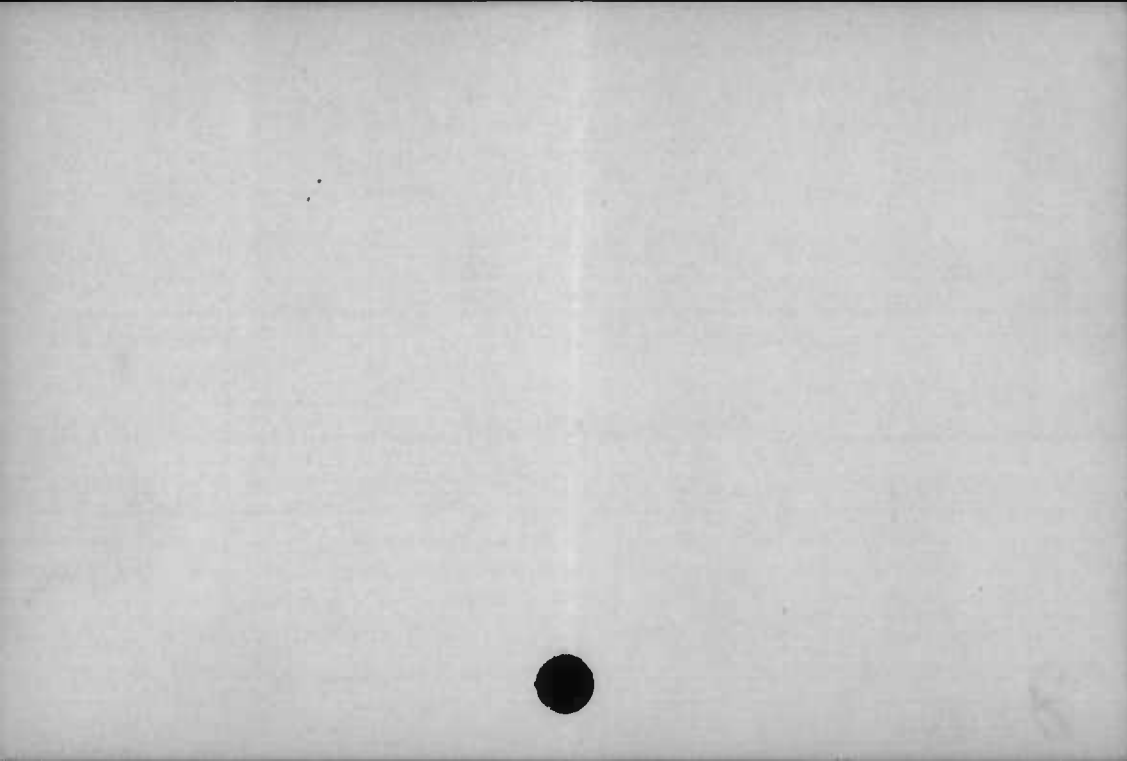
Died at		Town <i>Barstow Hill</i>		County <i>Barrel</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	13	Age	74
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Garner				Father's Birthplace		
Mother's Maiden Name	Emily Hines				Mother's Birthplace		
Name of person giving information	D. H. Garner				How related to deceased		
				Sister			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Failure of Circulation</i>	How long	<i>5 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		<i>Luke Kemp</i>	
		Address	
		<i>Uniontown Md</i>	
Accident or Suicide?			



Name  
in  
Full

Wiber Arthur Gossnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gossnell		County Carroll		MARYLAND	
Date of death	10	Month	Feb	Day	10	Years	Months
Age		9		Sex		Male	
Color or Race		White		Birth-place		Gossnell	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Harry Gossnell			
Father's Birthplace				Gossnell			
Mother's Maiden Name				Lulley Buckingham			
Mother's Birthplace				Gossnell			
Name of person giving information				Arthur Gossnell			
How related to deceased				Uncle			

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	Panders	How long	6 Days
Immediate	Exhausted	How long	1 "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. H. Cronk	
Address		Tailors will ma	
Accident or Suicide?			



Name  
in  
Full

Ephraim Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

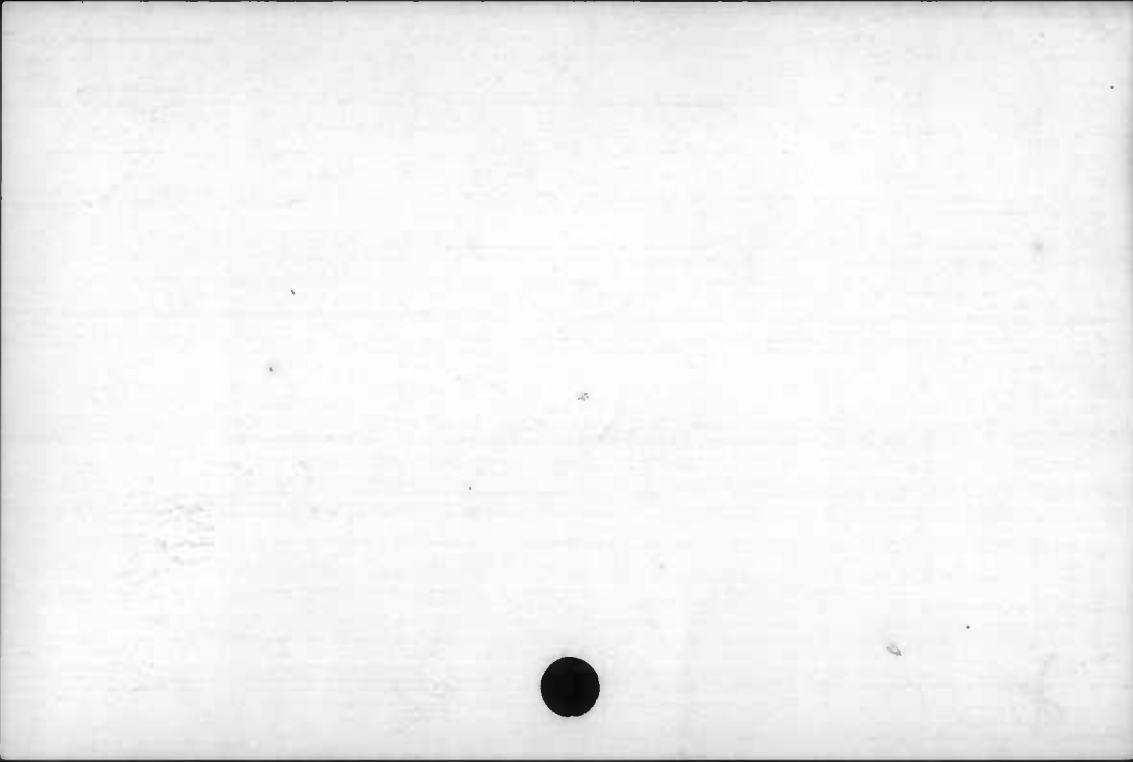
Died at <u>Madford</u> Town		<u>Crowell</u> County		MARYLAND	
Date of death	190 <u>2</u>	Month	<u>Feb</u>	Day	<u>11</u>
Age		<u>60</u>		Months	<u>6</u>
Days		<u>3</u>			
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Barman</u>		Birth-place	<u>Maryland</u>	
Where Residing if not at place of death			<u>Madford</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Martha J. Harris</u>	
Father's Name	<u>Miss Harris</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary E. Young</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Edw. Harris</u>			How related to deceased	<u>son</u>

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary	<u>Arterio sclerosis</u>	How long	<u>Several years</u>
Immediate	<u>Cardiac dilatation</u>	How long	<u>Few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Ira E. Whitehill M.D.</u>
		Address	<u>524 Madison St.</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Taylorville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>Feb.</i>	Day <i>12</i>	Age	Years <i>74</i>	Months <i>10</i>	Days <i>14</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Taylorville Md.</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Harriett M. Horton</i>				
Father's Name	<i>Thomas B. Horton (deceased)</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mary Bosley (deceased)</i>				Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>Thomas Horton</i>				How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary	<i>Spinal Paralysis</i>	How long	<i>Eighteen Months</i>
Immediate	<i>Cardiac Exhaustion</i>	How long	<i>four days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>A. T. Gault</i>
		Address	<i>Taylorville Md.</i>
Accident or Suicide?			

13 miles



Name  
in  
Full

Annica Catharin Hunt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Manchester		County Lancaster		State Maryland	
Date of death	1909	Month	2	Day	4	Age	78
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Manchester	
Married, Single or Widowed		Married		Name of Wife or Husband		Christina Hunt	
Father's Name		Andrew Hurshman		Father's Birthplace		Germany	
Mother's Maiden Name		Barbara		Mother's Birthplace		Germany	
Name of person giving information		Christina Hunt		How related to deceased		Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	One year
Immediate	Gangrene	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Preston M.D.
		Address	Manchester Ga
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name *George H. Lee*  
 Died at *Hampstead* <sup>Town</sup> *#4* <sup>County</sup> *Carroll*  
 Date of death *1909* <sup>Month</sup> *2* <sup>Day</sup> *12* <sup>Years</sup> *72* <sup>Months</sup>  <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Miller* Where Residing if not at place of death *Same*

Married ☒ Single ☐ or Widowed *Widower* Name of Wife or Husband *Emma S. Perry*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Lenora Brewster* How related to deceased *Daughter*

## CAUSES OF DEATH

108

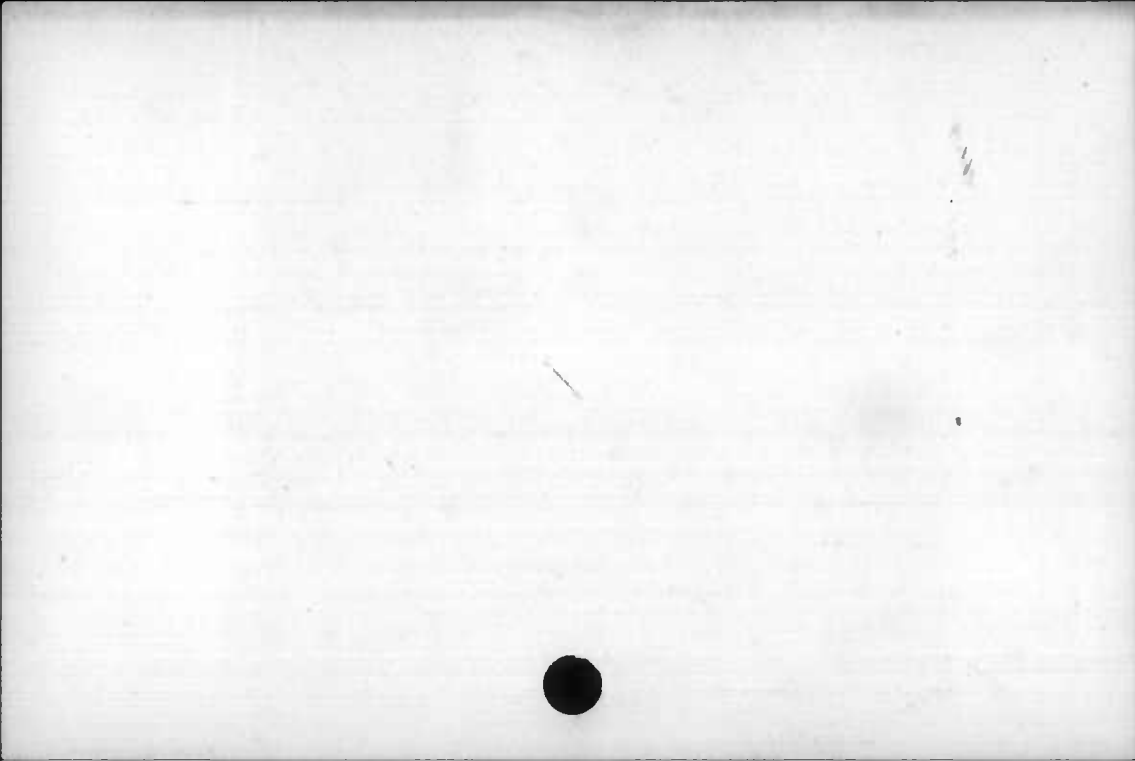
Primary *Intestinal Obstruction* How long *3 days*

Immediate *Cardiac Arrest* How long *18 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edgar M. Bush*

*J* Address *Hampstead, Md.*

Accident or Suicide? *No*



Name  
in  
Full

Lemuel Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

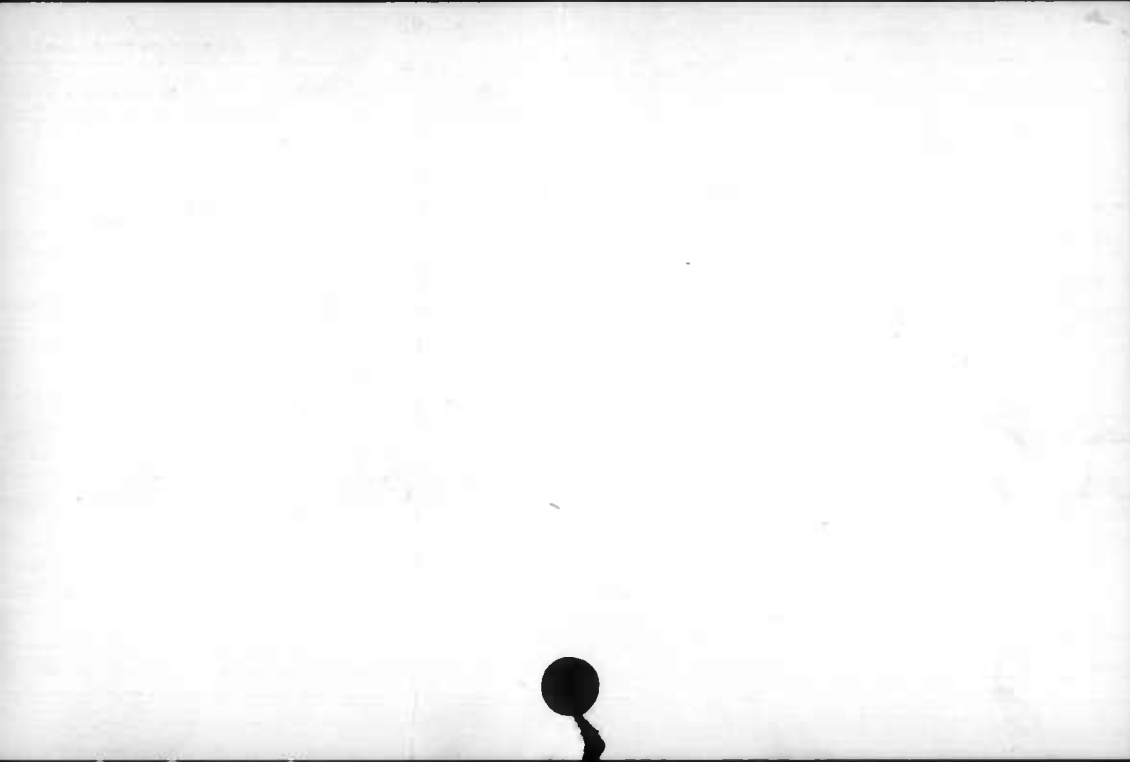
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	Feb.	Day	6
Age	81	Years		Months	
Sex	male	Color or Race	White	Birth-place	Md.
Occupation	Lawyer	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>Unknown</i>	Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace <i>Unknown</i>			
Name of person giving Information	<i>Hospital records</i>	How related to deceased			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>4 years</i>
Immediate	<i>Mitral regurgitation</i>	How long	<i>4 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas J. Carey</i>
Accident or Suicide	<i>No</i>	Address	<i>Sykesville Md</i>



Name in Full <b>Mary Catherine Miller</b>		CERTIFICATE OF DEATH	
Died at <b>Pleasant Valley</b> <small>Town</small>		<b>Carroll</b> <small>County</small>	
Date of death <b>1909 Feb 3</b> <small>Month Day</small>		<b>4 Days</b> <small>Months Days</small>	
Sex <b>Female</b>		Color or Race <b>White</b>	
Occupation <b>none</b>		Birth-place <b>Carroll Co Md</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>none</b>	
Father's Name <b>Theodore F. Miller</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Anna Louise Rodenhous</b>		Mother's Birthplace <b>Pa.</b>	
Name of person giving information <b>Father (Theod. F. Miller)</b>		How related to deceased	
CAUSES OF DEATH			
Primary <b>Congenital Cardiac Disease</b>		How long <b>4 days</b>	
Immediate <b>Convulsions</b>		How long <b>1 hour</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Luther Kemp</b>	
Address <b>Uniontown Md</b>			
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

150





Name  
in  
Full

Ephraim

Murray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

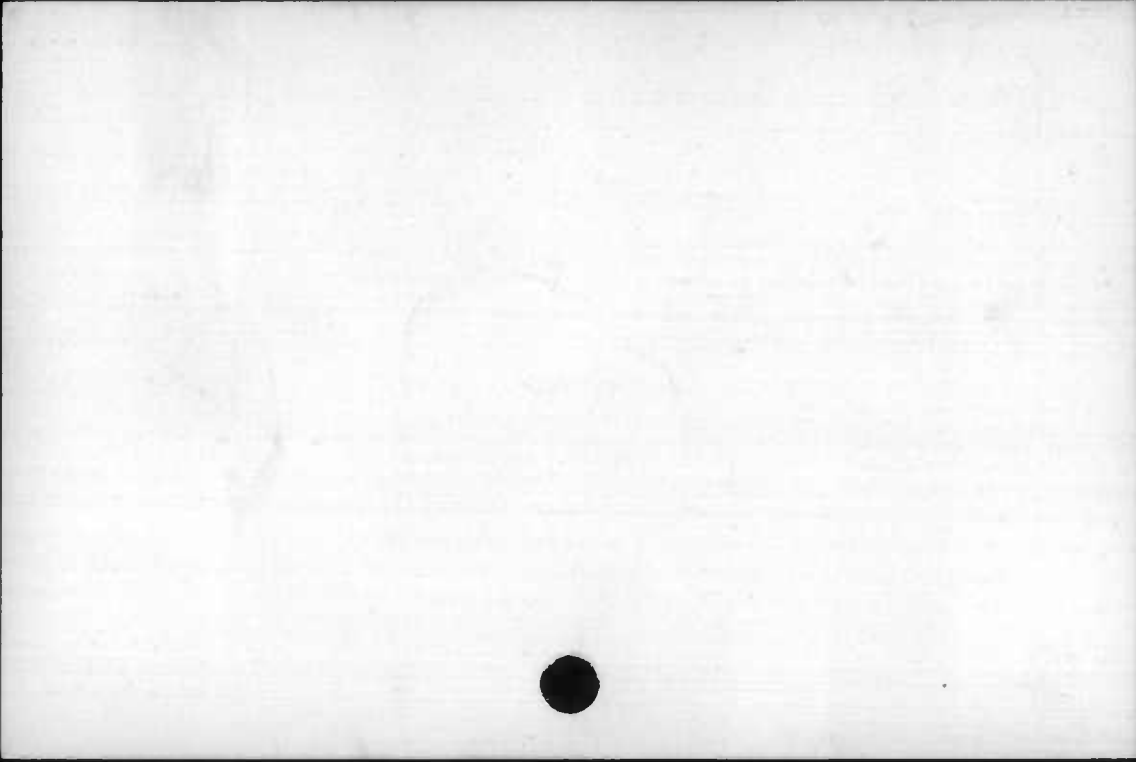
Died at <i>Hampstead</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	<i>Feb</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>86</i> <small>Years</small>	<i>4</i> <small>Months</small> <i>8</i> <small>Days</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Not Known</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Caroline Murray</i>	
Father's Name	—		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	—		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

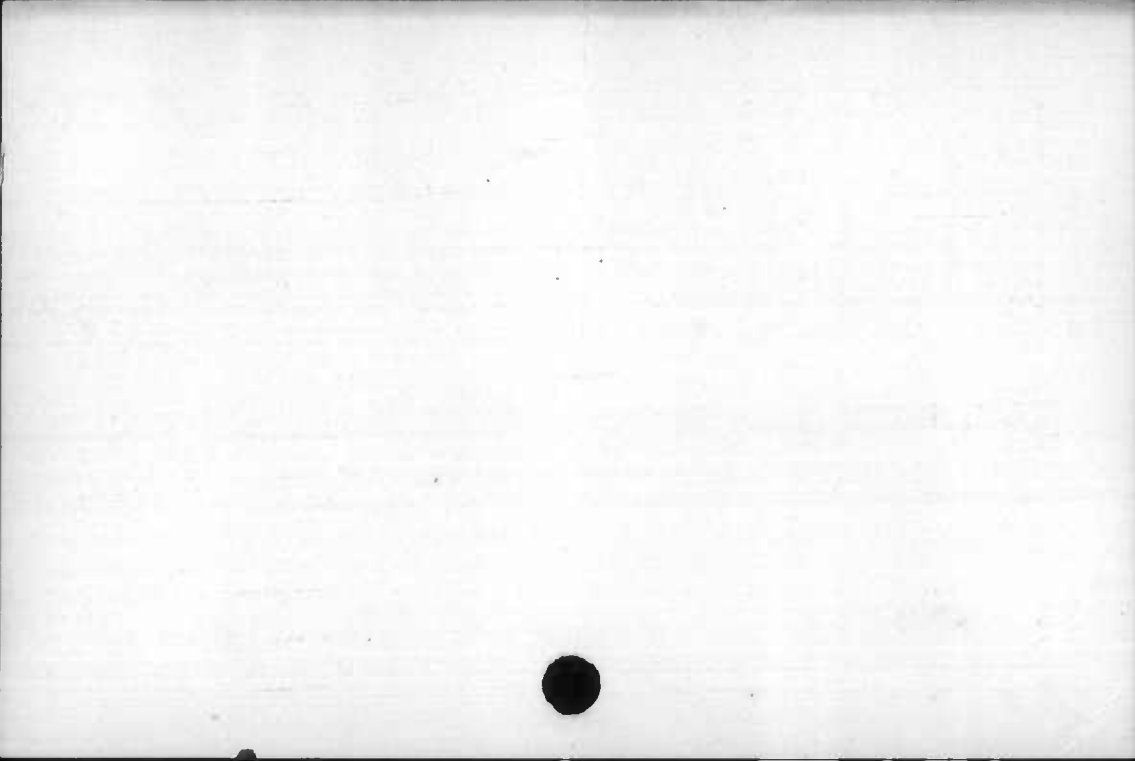
66

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	—
Immediate	<i>Paralysis</i>	How long	<i>about 3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. C. Wells, M.D.</i>
		Address	<i>Hampstead Maryland</i>
Accident or Suicide?			



Name in Full		Davis Myers.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Uniontown		County		MARYLAND		
	Date of death	1909	Month	Feb.	Day	26	Age	69.
	Sex	Male -		Color or Race	White -		Birth-place	Near Uniontown
	Occupation	Retired Farmer			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Myers -			
	Father's Name	Abraham Myers			Father's Birthplace	Maryland		
	Mother's Maiden Name	Eliza Babylon			Mother's Birthplace	"		
Name of person giving information	Ida M. Englar			How related to deceased	Daughter			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">66</div>								
PHYSICIAN OR CORONER	Primary	Apoplegia, Valvular Heart Disease				How long	5 years	
	Immediate	Nervous Storm				How long	Two weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Luther Stump		
					Address	Uniontown Md		
Accident or Suicide?								



Name  
in  
Full

Sarah J. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. City</i> <sup>Town</sup>		<i>Barren</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	<i>Feb</i> <sup>Month</sup>	<i>2</i> <sup>Day</sup>	Age <i>76</i> <sup>Years</sup>	<i></i> <sup>Months</sup>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>housewife</i>		Where Residing if not at place of death	<i>✓</i>	
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>husband dead</i>	
Father's Name	<i>not Fred Wilson</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>Maranda Wilson</i>			Mother's Birthplace	<i>not known</i>
Name of person giving information	<i>Susie Johnson</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>2 months</i>
Immediate	<i>Old age</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>✓</i>		
Signature of Physician	<i>Frank L. Lewis</i>		
Address	<i>Mt. City</i>		
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Falmagne Burrish Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

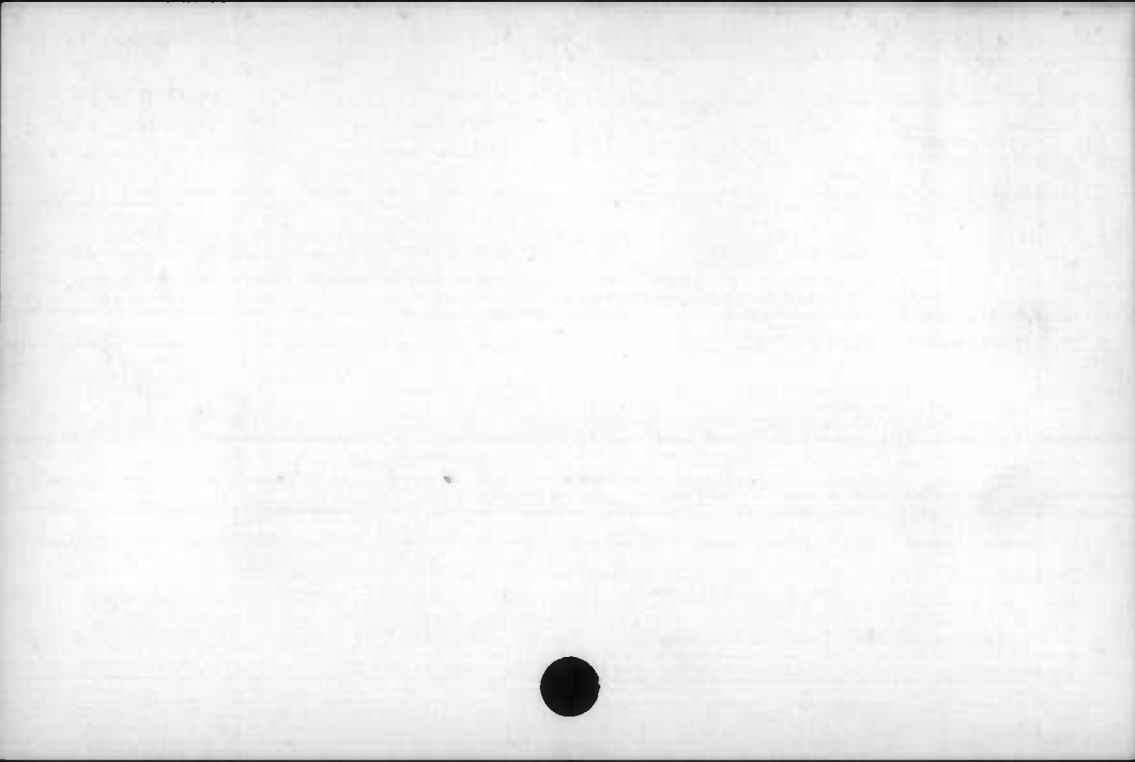
Died at <i>Patapsco</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>11</i>	Age <i>16</i>	Months <i>11</i>	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>John S. Myers</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Julia V. Williams</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Charles Myers</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>In Grippe</i>	How long <i>5 or 6 days</i>
Immediate <i>Heart Failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Wilson</i>
	Address <i>Greenblawnd</i>
Accident or Suicide? _____	<i>md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

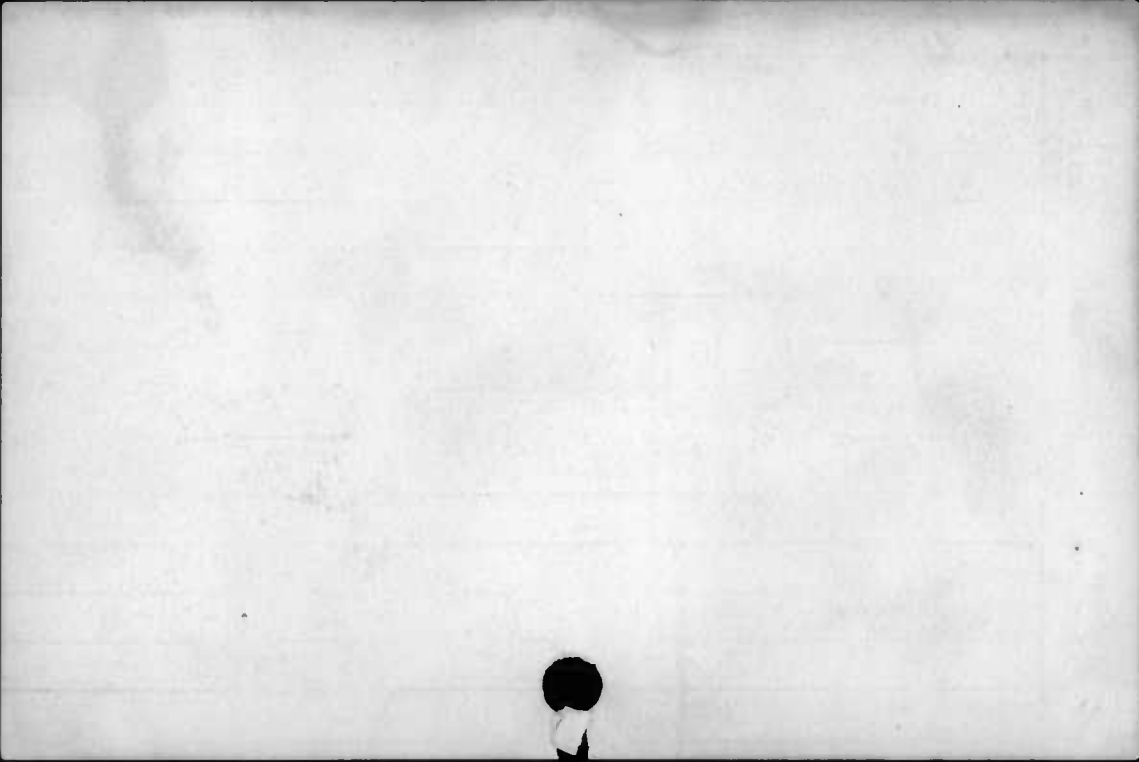
Died at <i>Union Bridge</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>7</i>	Age <i>0</i>	Years	Months <i>3</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>None</i>				
Father's Name <i>Wm D. O'Conner</i>				Father's Birthplace <i>New York</i>			
Mother's Maiden Name <i>Katie Delphrey</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>_____</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 months</i>
Immediate <i>General ashenia</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Legg</i>
	Address <i>Union Bridge</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

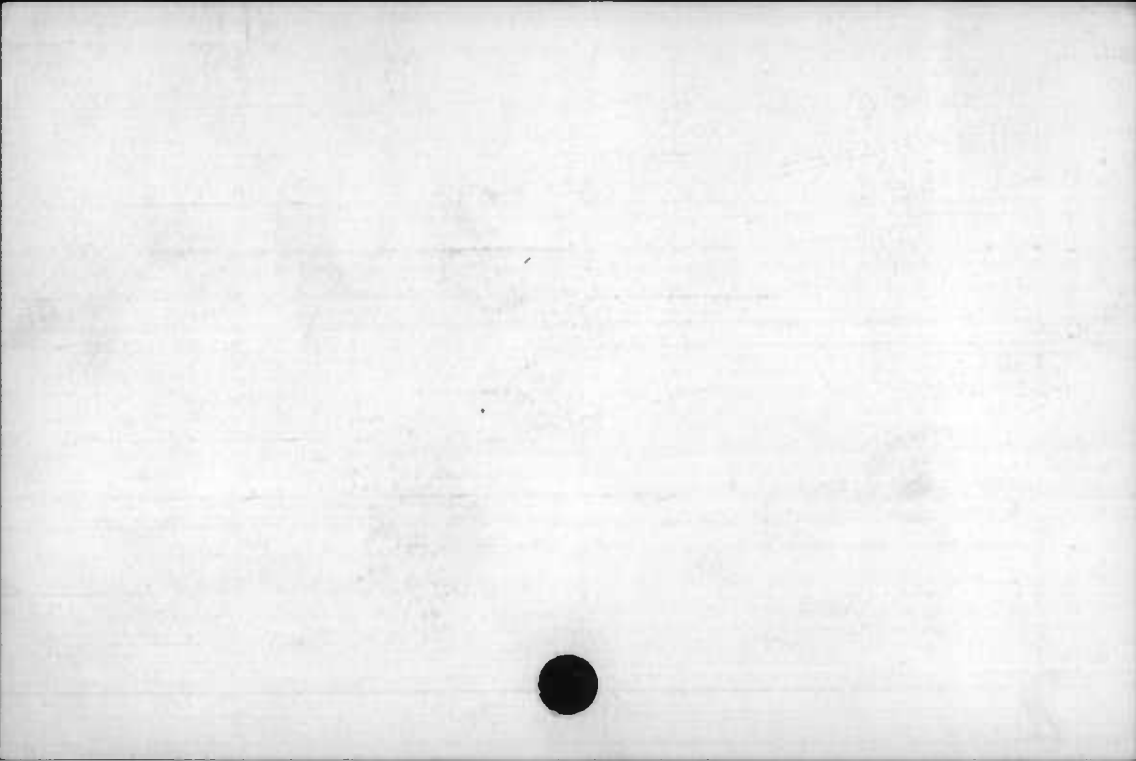
Died at		Town <i>Eldersburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>Feb.</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>md.</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Ulysses G. Poole</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Minnie Warner</i>				Mother's Birthplace <i>md.</i>			
Name of person giving In formation <i>U. G. Poole</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth. 7 mos</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>M D Horner</i>
		Address	<i>Eldersburg</i>
Accident or Suicide?			



Name  
in  
Full

Russell B. Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

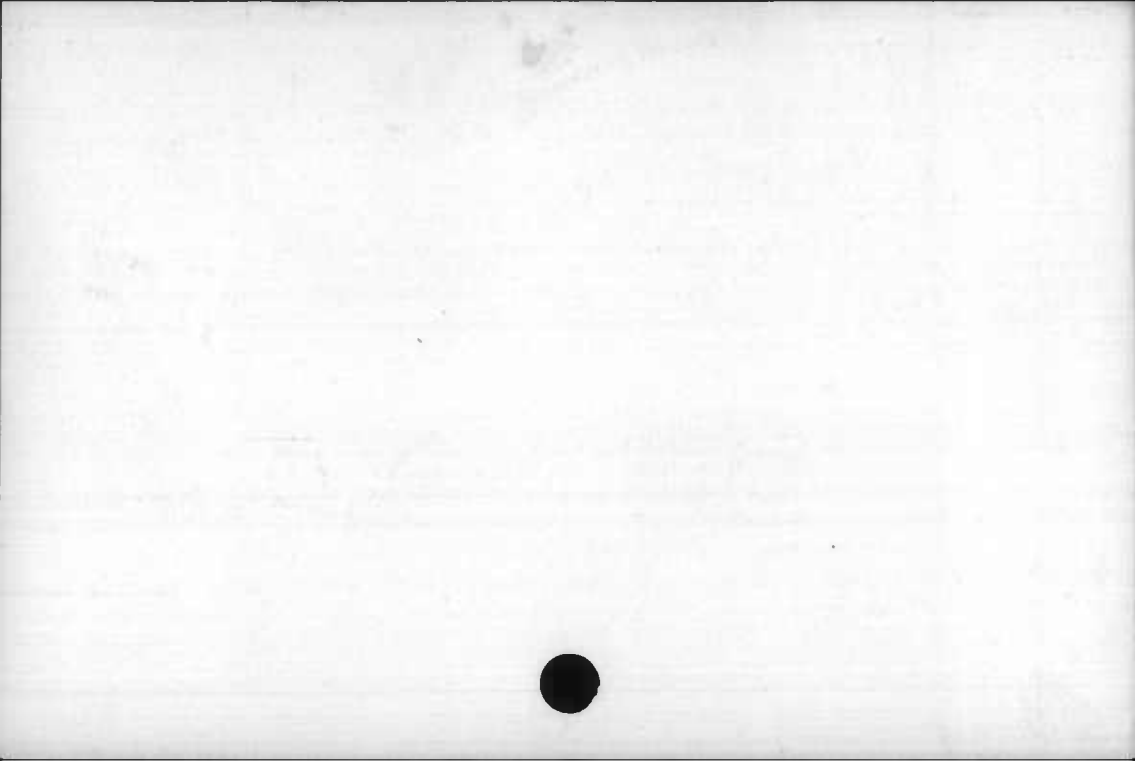
Died at <i>Hampstead</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>12</i>	Day <i>2</i>	Age <i>2</i>	Months <i>5</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Daniel Reed</i>			Father's Birthplace <i>Snydersburg</i>		
Mother's Maiden Name <i>Minerva Miller</i>			Mother's Birthplace <i>Hampstead</i>		
Name of person giving information <i>Daniel Reed</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>8 da.</i>
Immediate <i>Heart Failure</i>	How long <i>24 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Edgar M. Bush M.D.</i>
	Address <i>Hampstead, Md.</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

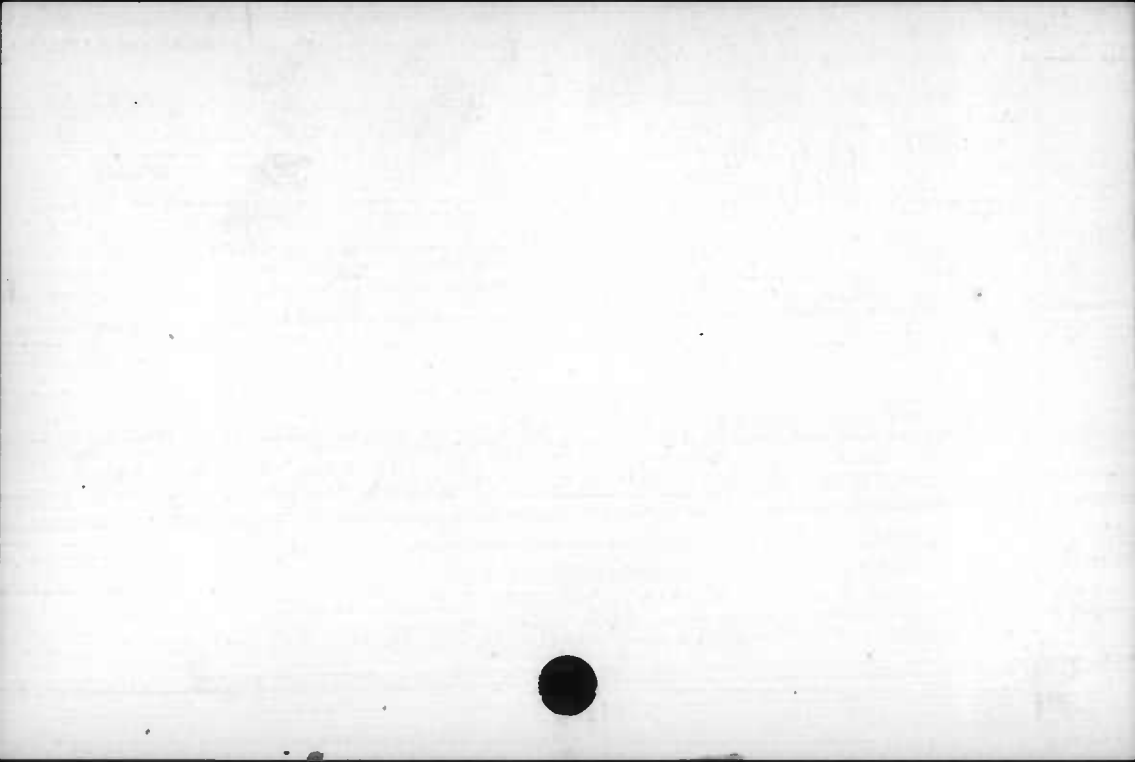
Died at <i>Wheatfield Ind</i>		County <i>Carroll Co.</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb.</i>	Day <i>37</i>	Age <i>53</i>	Months <i>4</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farming</i>	Where Residing if not at place of death <i>Ind.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha A. Richardson</i>				
Father's Name <i>James H. Richardson</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Martha E. Englewood</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>P. J. Richardson</i>	How related to deceased <i>Son.</i>				

## CAUSES OF DEATH

(45)

PHYSICIAN  
OR CORONER

Primary <i>Nephritic Adeno Carcinoma</i>	How long <i>8 Mths</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Ira E. Whitmer</i>
	Address <i>New Windsor Ind</i>
Accident or Suicide?	





Name  
(Full)

Carrie Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	22	—	—	—	5
Sex	Female	Color or Race	Colored	Birth-place	Hampshire, Md.		
Occupation	None			Where Residing if not at place of death	Same		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Charles Scott			Father's Birthplace	Washington D.C.		
Mother's Maiden Name	Velma May Scott			Mother's Birthplace	Hampshire, Md.		
Name of person giving Information	Velma May Scott			How related to deceased	Mother		

PHYSICIAN  
OR CORONER

Seen after having died (Mentally unbalanced) (1909)

Primary	Natural Causes	How long	2 da
Immediate	Heart Failure	How long	6 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Edgar M. Bush, M.D.
		Address	Hampshire, Md.
Accident or Suicide	No.		



1



Name  
in  
Full

## CERTIFICATE OF DEATH

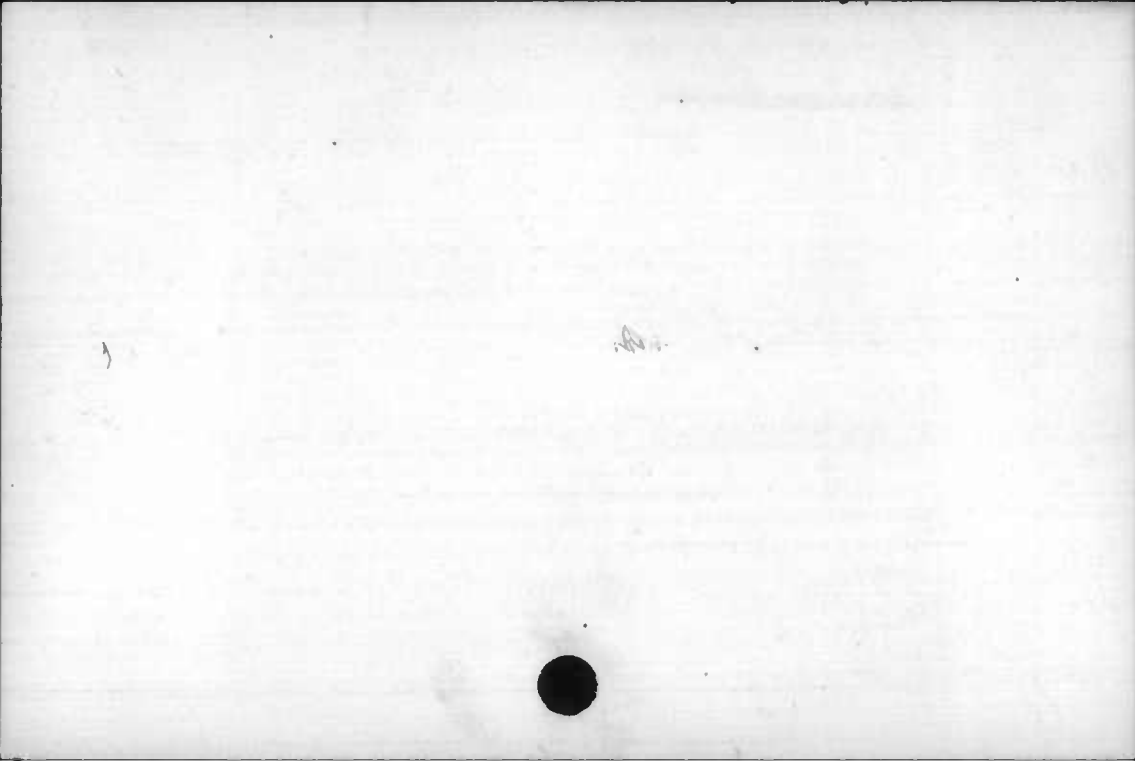
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Windsor</i> <sup>Town</sup> <i>Carroll</i> <sup>County</sup>		MARYLAND								
Date of death	1909	Month	Feb	Day	16	Age	—	Still Born	Months	Days
Sex	Male		Color or Race	White		Birth-place	Maryland			
Occupation	—					Where Residing if not at place of death	New Windsor			
Married, Single or Widowed	—		Name of Wife or Husband	—						
Father's Name	Robert R. Shriver					Father's Birthplace	Maryland			
Mother's Maiden Name	Carrie E. Greenwood					Mother's Birthplace	Maryland			
Name of person giving information	Dr. Ira Whitehill					How related to deceased	No			

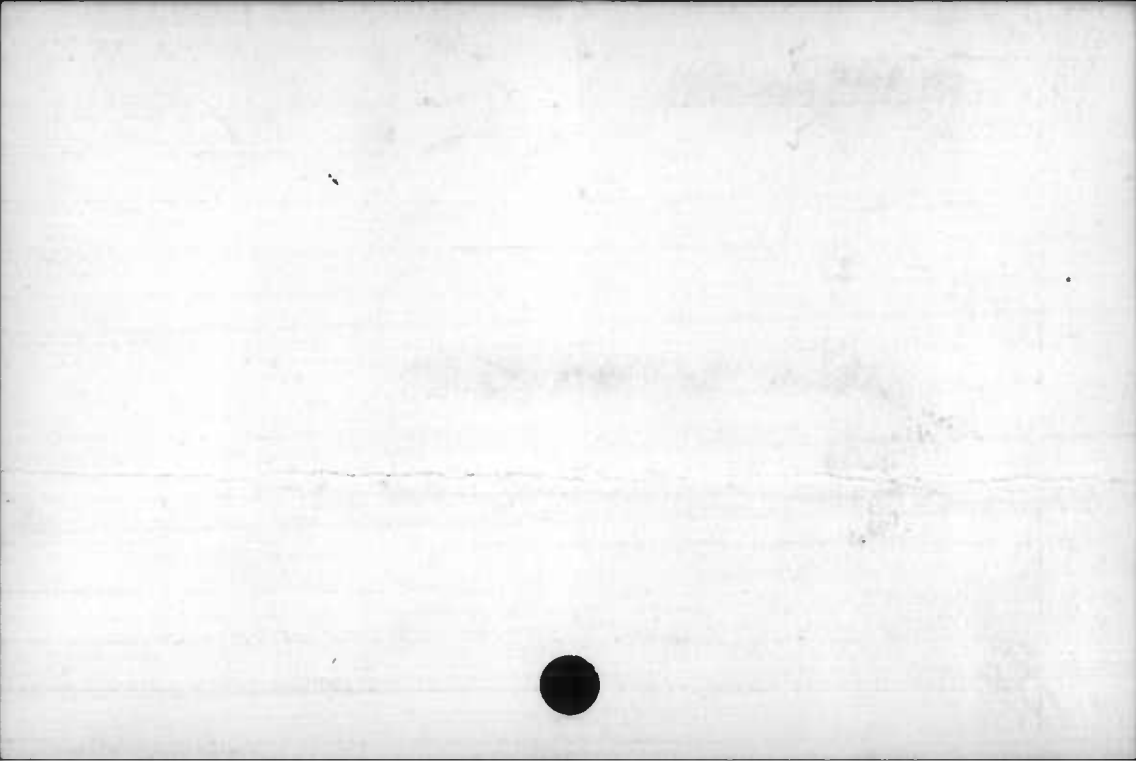
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Immature Birth</i>	How long	<i>8 Months</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Ira E. Whitehill</i>
		Address	<i>New Windsor Md</i>
Accident or Suicide?			



Name in Full		Amanda Slonaker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Uniontown		County Carroll		MARYLAND	
	Date of death	1909	Month Feb.	Day 10 <sup>th</sup>	Years 82	Months 11	Days 25
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None.		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband Andrew Slonaker			
	Father's Name	David Slonaker				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Bradford O. Slonaker				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralytic Stroke				How long	few minutes
	Immediate	Hemi-Plegia				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				C. M. Berner, M.D.		
Address				Taneytown, Md.			
Accident or Suicide?							



Name  
in  
Full

Richard S Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sylkesville Town Carroll County **MARYLAND**

Date of death 190 9 Month Feb. Day 21 <sup>st</sup> Age 5 <sup>-</sup> 4 Years Months Days

Sex Male Color or Race White Birth-place Ind.

Occupation Painter Where Residing if not at place of dasth Springfield State Hosp

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name George S Smith Father's Birthplace Ind.

Mother's Maiden Name ? S Tanbury Mother's Birthplace Ind.

Name of person giving Information Hosp. records How related to deceased

## CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

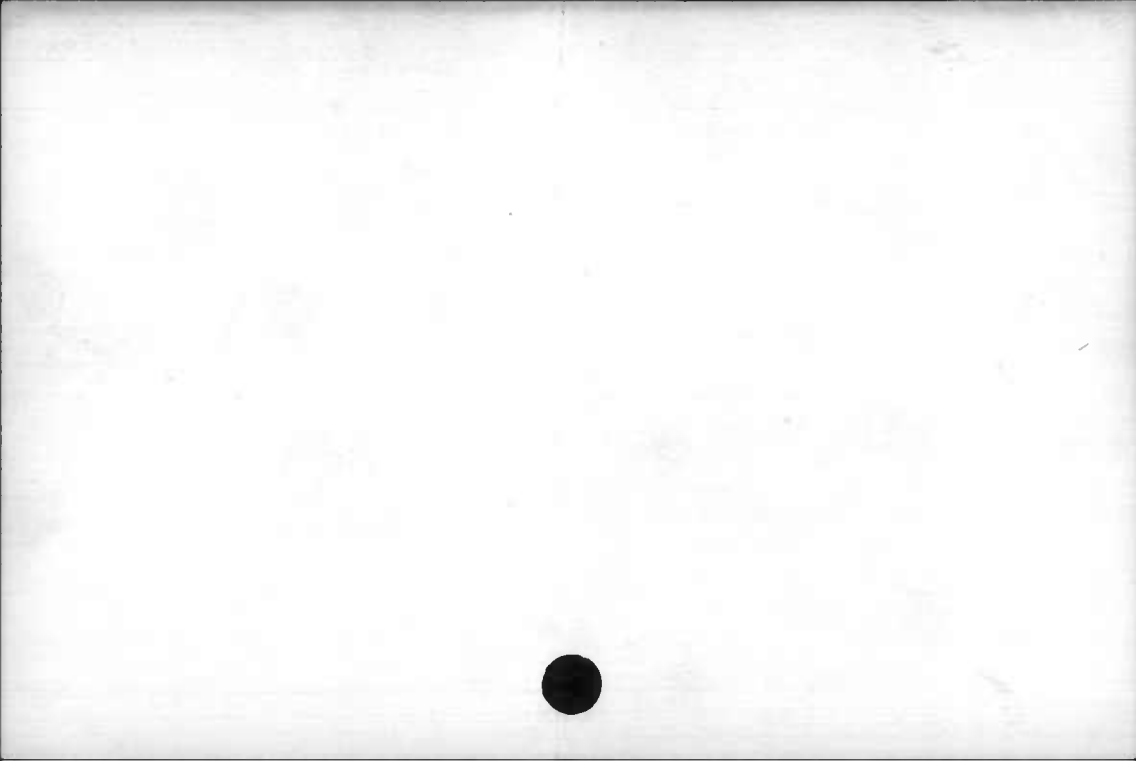
Primary General Paralysis How long 2 1/2 yrs.

Immediate Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. H. Snively

Address Springfield State Hosp

Accident or Suicide No. Sylkesville, Ind





Name  
in  
Full

Mary Catherine Stair

439  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at *Pleasant Valley* Town *Carroll* County **MARYLAND**

Date of death 190 *9* Month *Feb* Day *8* Age *3* Years Months *3* Days *3*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *William Franklin Stair* Father's Birthplace *Maryland*

Mother's Maiden Name *Edna May Myers* Mother's Birthplace *Maryland*

Name of person giving Information *William F. Stair* How related to deceased *Father*

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary *Lagrippe* How long

Immediate *Pneumonia* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *X*

Signature of Physician *J. J. Stewart*

Address *Carroll Co. Md.*

Accident or Suicide

Pleasant Valley cemetery.  
Stoner.

Name  
in  
Full

Susanna Sterner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

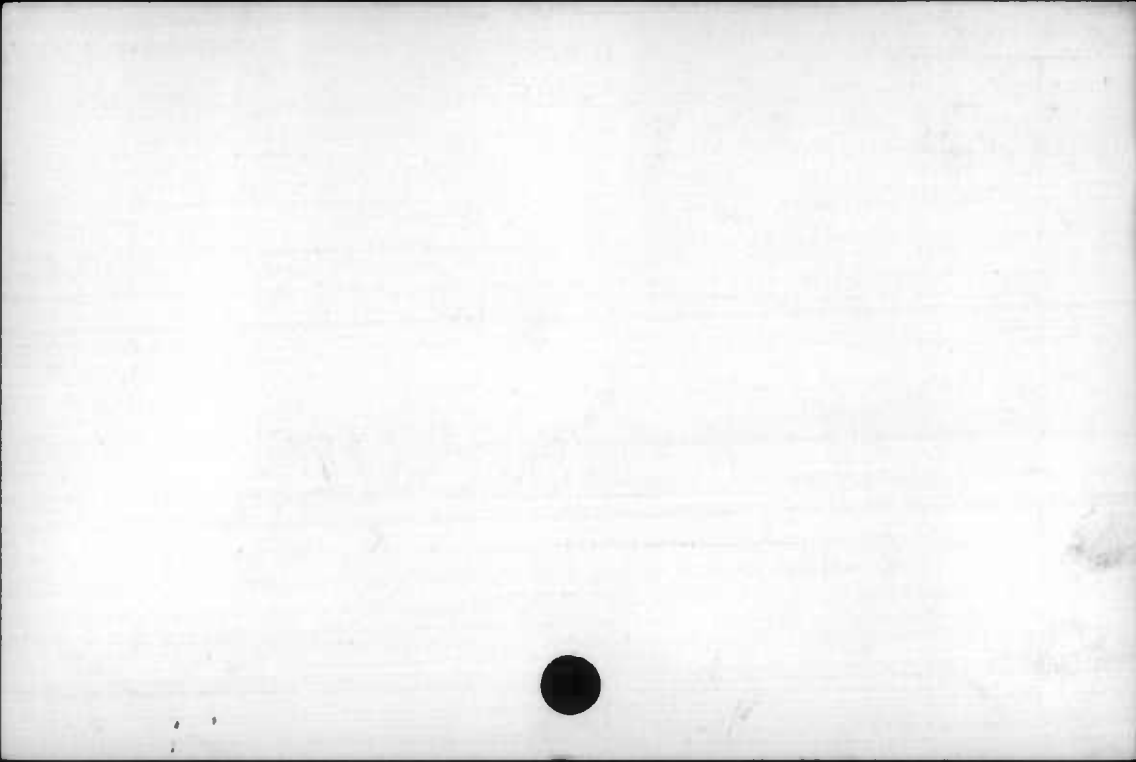
Died at <i>Harney</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1909</i>	<i>Feb</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>83</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mod</i>			
Occupation <i>None</i>			Where Residing if not at place of death			
<del>Married, Single</del> <i>Widowed</i>			Name of <del>Wife or</del> <i>John H Sterner</i> <sup>Husband</sup>			
Father's Name <i>Jacob Baum</i>			Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>(let name unknown) Wine</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Emory Sterner</i>			How related to deceased <i>Son</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>10</i>
Immediate	<i>Grip</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
<i>J</i>		Address <i>Le Bonnie Md</i>	
Accident or Suicide?			



Name  
in  
Full

Mary Catherine Stoner

445  
CERTIFICATE OF DEATHDied at <sup>Town</sup> *Frizzleburg* <sup>County</sup> *Carroll* **MARYLAND**Date of death 1909 <sup>Month</sup> *Feb* <sup>Day</sup> *23* <sup>Years</sup> *83* <sup>Months</sup> *7* <sup>Days</sup> *16*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *Retired* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Geo. Stoner*Father's Name *William Sullivan* Father's Birthplace *Maryland*Mother's Maiden Name *Catherine Hoffee* Mother's Birthplace *Maryland*Name of person giving Information *James, M. Stoner* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Old Age* How long *8 1/2 years*Immediate *Paralysis* How long *10 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Jas. H. Billington M.D.*  
*Westminster Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

St Benjamins Church  
Stoner.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

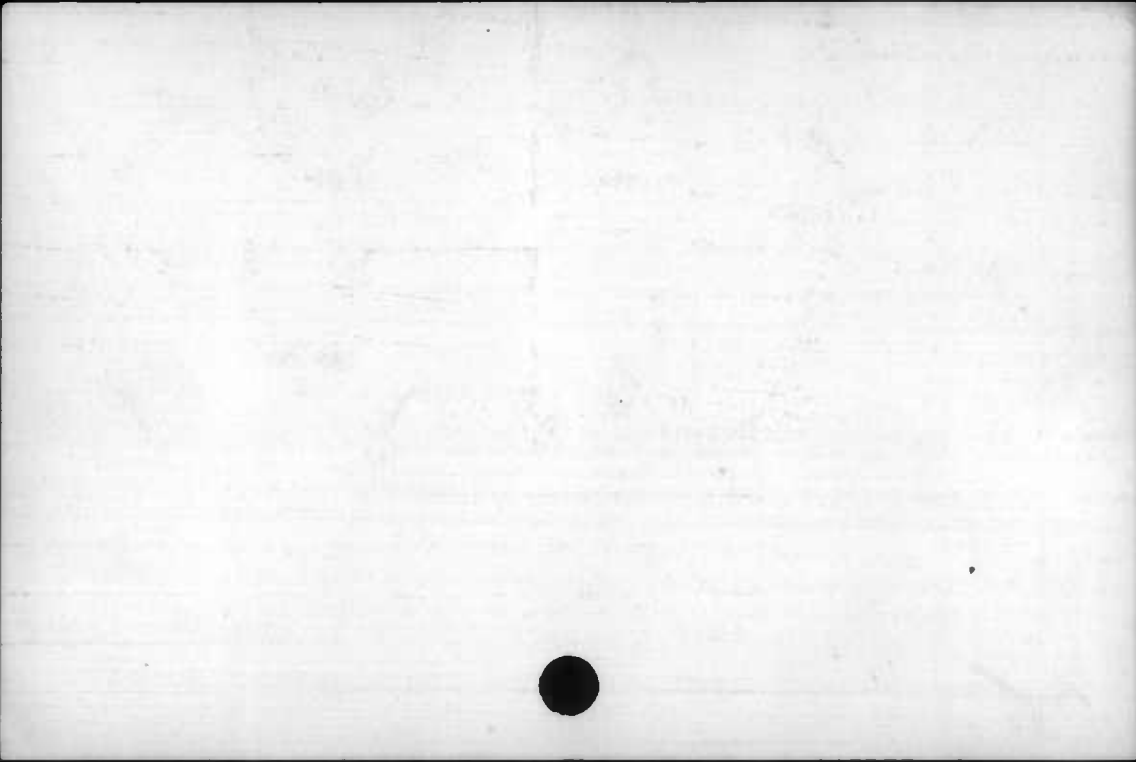
Name in Full <i>John H. Ware</i>		Town <i>North Branch</i>		County <i>Cassell</i>		MARYLAND					
Died at <i>North Branch</i>		Month <i>Feb.</i>		Day <i>21</i>		Years <i>53</i>		Months <i>5</i>		Days <i>9</i>	
Date of death <i>1909 Feb. 21</i>		Age <i>53</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>same</i>							
Married, Single or Widowed <i>married</i>				Name of Wife or Husband <i>Margaret E. Ware</i>							
Father's Name <i>Charles A. Ware</i>				Father's Birthplace <i>Md.</i>							
Mother's Maiden Name <i>Abigail A. Fife</i>				Mother's Birthplace <i>Md.</i>							
Name of person giving information <i>Mrs. John Williams</i>				How related to deceased <i>Daughter</i>							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 yrs.</i>	
Immediate <i>asthenia</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. D. Morris</i>	
<i>X</i>		Address <i>Eldersburg Md.</i>	
Accident or Suicide? <i>no.</i>			





Name  
in  
Full

Samuel Thachome

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Finchley <sup>Town</sup> Barre <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> Feb. <sup>Day</sup> 17 <sup>Years</sup> 87 <sup>Months</sup> 7 <sup>Days</sup> 29

Sex male Color or Race White Birth-place Ind

Occupation Retired Farmer Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Widowed Name of Wife or Husband M. A. Monlock

Father's Name H. Thachome Father's Birthplace Pa

Mother's Maiden Name Penhysan Mother's Birthplace Unknown

Name of person giving information Foster Thachome How related to deceased Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Senility How long \_\_\_\_\_

Immediate Failure of Circumstances How long Six Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Lester Kemp

Address Uniontown Ind

Accident or Suicide? \_\_\_\_\_

Born June 18. 1841

1909  
1821  

---

88

Pleasant Valley.

Name  
in  
Full

Caroline Wentz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

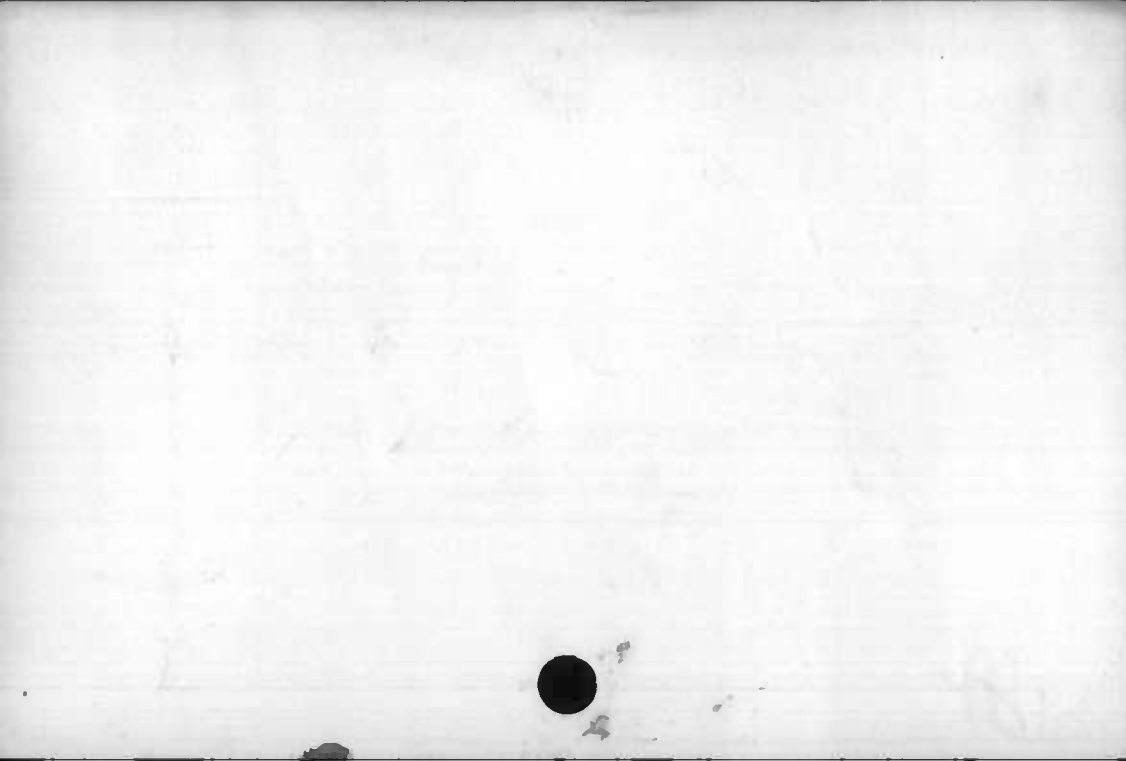
Died at		Town Linebors		County Cornell		MARYLAND	
Date of death	1909	Month Feb	Day 27	Age 81	Years 81	Months 4	Days 14
Sex	Female		Color or Race	white		Birth- place	York Co Pa
Occupation	Wife		Where Residing if not at place of death		Linebors Md.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Cornelius Wentz			
Father's Name	Henry Bachman					Father's Birthplace	York Co Pa.
Mother's Maiden Name	Elizabeth Bricker					Mother's Birthplace	York Co Pa.
Name of person giving In formation	O. B. Wentz					How related to deceased	Son

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Parasitis		How long	His month
Immediate	Pneumonia (terminal)		How long	One day
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Thayer Wentz
J	Address		Linebors Md	
	Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Samuel Walf

Town

County

MARYLAND

Died at

Springfield Hospital

Carroll

Date

of death

1909

Month

Feb.

Day

6

Years

Age

45

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Tailor

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Walf

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Hospital records

How related  
to deceased

## CAUSES OF DEATH

64

Primary

General paresis

How long

unknown

Immediate

Cerebral Congestion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

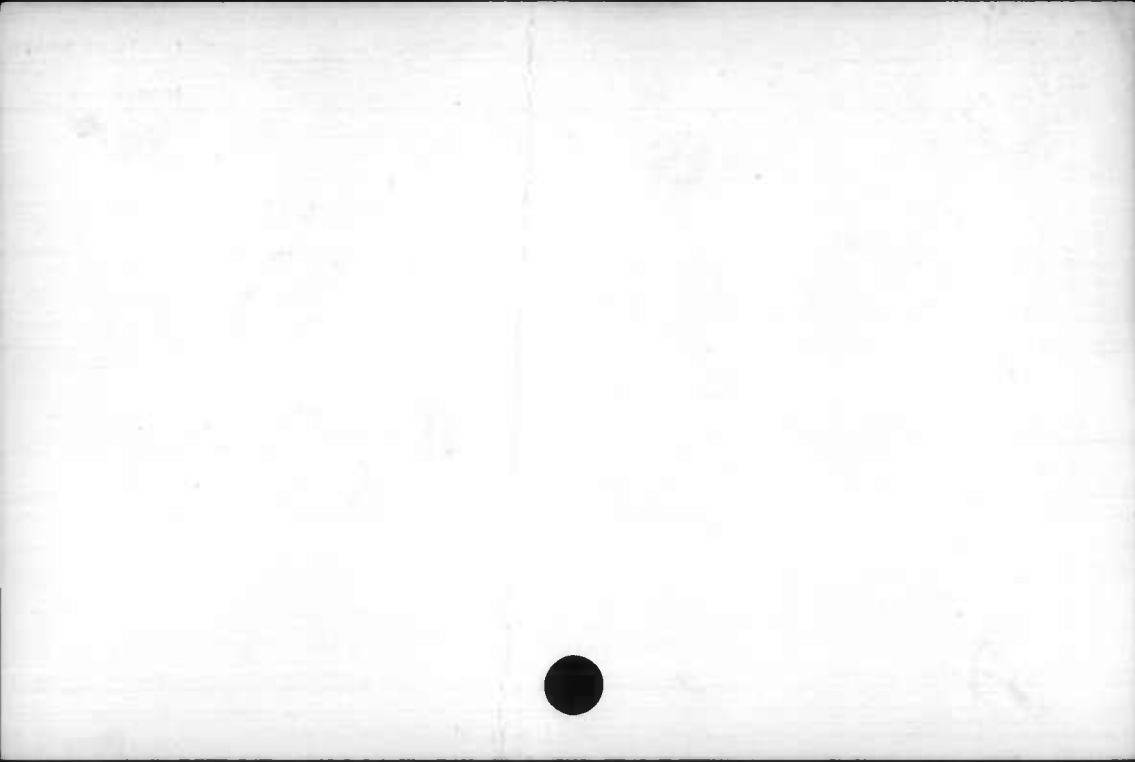
Signature of  
PhysicianChas. J. Casey  
Sykesville Md.

Address

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		238				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Reese</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND			
	Date of death <i>1909 Feb</i> <small>Month</small>		<i>5</i> <small>Day</small>	Age <i>34</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>15</i> <small>Days</small>		
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
	Occupation <i>House Wife</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Married</i>	Name of <del>Wife or</del> Husband <i>Clarence W Zeff</i>						
	Father's Name <i>H Ezekiah Caple</i>		Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Sarah J. Bush</i>		Mother's Birthplace <i>Idaho</i>					
Name of person giving information <i>Clarence W Zeff</i>		<i>Husband</i>		How related to deceased <i>Husband</i>		<i>135</i>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Hemorrhage</i>		<i>uterine - miscarriage</i>		<i>Sudden</i>			
	Immediate <i>Shock</i>				How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Sullivan</i>		Address <i>Westminster</i>			
	Accident or Suicide? <i>X</i>				<i>Ind</i>			

Pleasant Grove Cem  
Shaver